

Roof Condition Certification Form

APPLICANT / INSURED NAME:		APPLICANT/POLICY #:				
ADDERS INSPECTED:						
DATE OF INSPECTION:						
This Form Is provided to assist you in c inspector's" may complete the from:	complying with certain C	Citizens rules. The following "qualified				
 A Florida licensed general, A licensed building inspector A registered architect; An engineer in the State of A building code official (what to verify building code com 	or; Florida; or no is duly authorized by	roofing contractor; the state of Florida or county's municipalities				
(Note: This form does not verify loss n 1802.)	nitigation features. Use	Mitigation Verification Form, OIR-B1-				
Certification Information						
Roof Covering:	Ар	proximate remainig usefull life of roof:				
Age of roof (in Years):	Date	Date last updated?				
What, If any, updates ware complete	ed?:	Il Replacement ☐ Partial Replacement				
Are there any visible signs of damag sagging or uneven roof deck, etc.)?	ge/deterioration (such as '	s curling/lifted/loose/missing singles or tiles, /es, explain				
Are there any visible signs of leaks?	Yes No. if y	yes, explain				
Florida Fraud Statement Any person who knowingly and with	the intent to injure, defr	red to be submitted with this form. raud, or deceive any insurer, files a statement of misleading information is guilty of a felony of the				
850-737-1832						
Inspectors Name (printed)	Telephone Numbe	Telephone Number				
Signature of Inspectors	HOME License Type	HI7589 License Number				

Signature of Inspectors